

Policy and Procedure	Date Issued 9/1/2011	Section	Policy Number	Page 1
Milwaukee County Behavioral Health Division Community Services Branch (SAIL)	Date Revised	Subject: CSB-SAIL Transfer of Service Policy and Procedure- Protocol for CSP/TCM Transfers		

1. POLICY:

It is the policy of the Behavioral Health Division (BHD) Community Services Branch (CSB) Service Access to Independent Living (SAIL) to assure that individuals will have a smooth transition when transferring services to the same or a different level of service. It is prudent for the Community Service Program (CSP) and Target Case Management (TCM) that all transitions laterally and to other community service providers are seamless without any interruption of services.

We are committed to continuity of care throughout the Community Service Branch's contracted and operational programs, as well as transfers to Family Care (FC), a Skilled Nursing Facility (SNF), and/or to a Community Based Residential Facility (CBRF).

2. PROCEDURE:

A. This standard of practice applies to transfers from a CSP to CSP, CSP to TCM, TCM to CSP, TCM to TCM, or CSP/TCM (as applicable) to FC, SNF and/or to a CBRF.

1. Communication is crucial. It is expected that the program receiving the referral will contact the current agency to initiate the transition process. The current service provider (i.e. Case Manager (CM), inpatient staff, or care coordinator) must be clear, concise, and respectful when providing information to the receiving provider. Best practice indicates that phone calls will be promptly returned. If unable to connect with the assigned service provider, the supervisor should be contacted.
2. Discharge planning is essential. The most recent 6-month recovery treatment plan will reflect a discharge/transition plan. This plan will include, but not be limited to, transition to a community pharmacy, outpatient psychiatrist, outpatient psychotherapy-as indicated, and transfer of representative payee. (Note: In the case that an individual is transferring to Community Care (FC), the above will be provided through Community Care's contract provider list. The CM will then collaborate with Community Care to ensure a smooth transition of services).
3. Representative Payee is smoothly transitioned. The expectation is for the individual's Representative Payee transfer to occur without any lapse in the individual's entitlement. Prior to the transfer of payee, any funds remaining in the payee account should be transferred to the receiving agency with the expressed consent of the client or accordingly to agency policy.
4. Outpatient psychiatry appointment is arranged. The expectation is that case managers meet jointly with the individual at their first Outpatient Clinic intake and first MD appointment. The CM should assist the individual in providing the information needed to assist with a smooth transition to the new outpatient service provider.
5. All necessary entitlement documents are active at time of transition. Subsequently, if the CM is in the process of submitting requested information on behalf of the individual's Medicaid benefits, this will be accomplished prior to the transition. This will help facilitate the individual having active medical and pharmacy benefits. If the individual is in the process of applying for or appealing a Social Security decision, this information should be clearly communicated to the receiving agency.

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B. Transitions include the following criteria:

After the case has been staffed and approved for transfer (except for CSP/TCM to FC, SNF placements, and non contracted CBRF's transfers), the transferring agency will provide SAIL with a Transfer summary. This summary will include, but not limited to: Psychiatrist's contact information (as applicable); if client is on an injection, the last dose and when the next dose is due; therapist's contact information and representative payee's contact information (as applicable).

Attachments will include: Psychiatry (Prescriber) notes for the last 6 months.

1. **CSP to CSP:** Secondary to client request, conflict of interest, irresolvable challenges, and/or requires a different program focus.
2. **CSP to TCM:** Individual is in an independent status prior to the requested decrease in services. The individual has had at least one successful appointment with the outpatient psychiatrist and another appointment is scheduled. A new pharmacy is in place and the individual is aware of the process in picking up their prescribed medication.
3. **TCM to TCM:** Secondary to client request, conflict of interest, irresolvable challenges, and/or requires a different program focus. The future psychiatric and medical appointment information will be included in the referral packet. If there is a change in the TCM providers, generally every service will stay the same unless it is a transfer from WCS. In this instance, the individual will need to be connected to a community psychiatrist, pharmacy, and/or psychotherapist, as indicated.
4. **TCM to CSP:** Prior to request for increase in services, it is highly suggested that Crisis Case Management be implemented. It is then documented that client needs an increase in level of care due to increased mental health symptoms, multiple hospitalizations, and at risk behavior requiring intense contact for symptom management, medication monitoring, and/or immediate psychiatry availability.
5. **CSP/TCM to FC:** CM will collaborate with the assigned CMU (Care Management Unit) to ensure a smooth transition. These transitions can be challenging especially if the CSP/TCM is not informed of the individual's approval for family care services.
6. **CSP/TCM to CBRF; CSP/TCM to SNF**
 - a. Transferred medication
 - b. *Representative payee* will be transferred expeditiously
 - c. *Scheduled MD appointment* – Outpatient psychiatry services are in place, as well as a community pharmacy.
 - d. CM will contact previous MD (as indicated) to inform them that the individual will no longer require their services, unless the individual will be continuing their care with their current psychiatrist. If the latter is the case, Release of Information (ROI) will need to be signed with the new provider.

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C. The checklist is provided as a tool to assist you in following the expected standards. As a good clinical practice, when a transfer occurs either laterally or to another community provider, please use this checklist as a guide.

1. PA is submitted to SAIL requesting either an increase to CSP, decrease to TCM, lateral transfer to either a CSP or TCM, or discharge to a CBRF, SNF, or FC placement. Patients should sign ROL's so that referent can obtain inpatient records from other community hospitals.
 - a. SAIL Care Coordinator will review PA and will contact case manager if further information is needed. CC will submit for staffing at the respective Operations Meeting.
 - b. In the case of an approval for increase or decrease in service provision, consideration will be given at that time whether it will be an internal or external assignment.
 - c. The assigned CM will submit to SAIL any pertinent records and documentation.
 - d. SAIL CC will prepare a packet. For internal transfers the packet will include only a SAIL face sheet, most recent SAIL narrative, episode history, and any recent BHD acute inpatient discharge summaries. For external transfers, the packet will be prepared as a new referral.
2. Outpatient Psychiatry
 - a. Case Manager will meet jointly with the client at their first intake specialist and MD appointment.
 - b. Individual has been successfully linked to a psychiatrist. This includes their intake appointment and their subsequent appointment with the psychiatrist.
 - c. Individual acknowledges that they are satisfied with the linkage.
 - d. Individual is attending his/her appointments independently or minimal assistance is needed.
3. Representative Payee transferred
 - a. Verification that the receiving agency has applied to assume the responsibility as representative of payee.
 - b. After consulting with the client, the transferring agency will send remainder SSD/SSI funds to new agency.
4. Program-to-Program collaboration
 - a. Individual being transferred is aware that his/her service providers are changing and has been explained the reason for the transfer. If the individual is a voluntary client, then he/she must be in agreement with the transfer.

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b. Once the case is assigned, the new agency will contact the current case manager to schedule joint/collaborative meeting with the client. Collateral information can be gathered prior to the meeting (review recovery plan, goals and consumer's preferences). The purpose of this meeting is to introduce the new CM to the client.

c. If the individual is a MY HOME client, a new case manager form must be submitted to MY HOME staff.

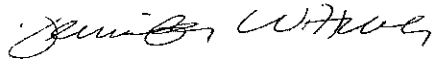
d. If individual is on a commitment; Kathy Krill must be notified of the change (agency and case manager's name).

e. If individual is in Safe Haven or THP, SAIL will need to be notified and the following forms submitted by the new assigned agency:

Attachments:

1. Advance Notification of Representative payment
2. Representative agency payees for SSD and SSI
3. Winged Victory Release of Information
4. Disability Attorneys

Reviewed & Approved by: _____



Jennifer Wittwer, Associate Director
Adult Community Services Branch

Advance Notification of Representative Payment

Name of Wage Earner, Self-Employed Person or
SSI Claimant

Social Security Number

Name of Beneficiary (if other than above)

Relationship to Wage
Earner, Self-Employed
Person or SSI Claimant

I understand and agree with the following.

Need for Representative Payee

The Social Security Administration (SSA) has decided that I need someone to manage my benefits. Because of this, SSA will send my benefits to a representative payee. It is the duty of the representative payee to use my benefits for my best interests.

Choice of Representative Payee

SSA has selected _____ to be my
representative payee.

My Right to Appeal

I understand that I have the right to appeal SSA's decision. I can appeal the choice of who will be the representative payee. In most cases, I can also appeal the decision that I need a payee. If I appeal, I will have the right to review the evidence in file and submit new evidence. I understand that I can have a friend, lawyer or someone else to help me.

I understand that I must file an appeal within 60 days. If I file after the 60 day period, I must have a good reason for not having filed this appeal on time. I have to ask for the appeal in writing. I will contact an SSA office if I wish to appeal.

✓

Signature

Date

Witnesses are required only if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person making the statement must sign below, giving their full addresses.

1. Signature of Witness

2. Signature of Witness

Address (Number and Street, City, State, and ZIP Code)

Address (Number and Street, City, State, and ZIP Code)



REPRESENTATIVE AGENCY PAYEES FOR SOCIAL SECURITY AND SSI

The agencies listed below are potential payees and may be contacted for additional information.

This list was last updated on 4/12/2011.

NAME	MAILING ADDRESS	FACILITY ADDRESS	PHONE	CONTACT PERSON	FEE	STIPULATIONS
Aurora Family Services	3200 W. Highland Blvd. Milwaukee, WI 53208	Same	414-342-4560	Heather Rivard	Approved to charge a fee	None
City Transformation	PO Box 05169 Milwaukee, WI 53205	2738 W. Clybourn Ave. Milwaukee, WI 53208	414-616-9744	Theresa Anthony	Approved to charge a fee	None
Community Advocates	728 N James Lovell St Milwaukee, WI 53233	Same	414-449-4777	Patty	None	Homeless Individuals only
Equality Payee Services	12605 W. North Ave. Suite 307 Brookfield, WI 53005	Same	414-375-4760	Diane Larson or Amanda Grosskopf	Approved to charge a fee	Other phone numbers: 262-456-0214 920-674-6564 1-877-674-6564
First Choice Outreach Services	PO Box 18457 Milwaukee, WI 53218	2040 W. Wisconsin Ave. Milwaukee, WI 53233	414-535-1763	Bertha Pullam	Approved to charge a fee	Unknown
Friend Support	3500 S 92nd St Suite 3A Milwaukee, WI 53207	Same	414-659-7733	Sherry Thomas	Approved to charge a fee	FamilyCare consumers only?
Hope House	PO Box 04095 Milwaukee, WI 53204	209 W. Orchard St. Milwaukee, WI 53204	414-645-2122	Michelle Mahaffey	None	Homeless Individuals only
L & M Payee Services	PO Box 13365 Wauwatosa, WI 53213	3022 W. Wisconsin Ave. 2nd Floor Milwaukee, WI 53208	414-704-0585	Ron or Roxanne Norwood	Approved to charge a fee	New applications Tuesdays 10:30 - 11:30
Lutheran Social Services	2000 W. Bluemound Rd. Waukesha, WI 53186	Same	262-896-3446	Mike Durbin	Approved to charge a fee	LSS clients in guardianship or residential programs only
Open Door Services, Inc.	PO Box 16150 Milwaukee, WI 53216	8815 W. Capitol Dr. Suite 108 Milwaukee, WI 53216	414-616-6480	Savannah Sledge	Unknown	Not taking new payee applications?
Quality Life Services	7027 W. Capitol Dr. Milwaukee, WI 53216	Same	414-466-8930	Audrey	Approved to charge a fee	None
Salvation Army	1730 N. 7th St Milwaukee, WI 53205	1644 N. 26th St. Milwaukee, WI 53205	414-265-6360	Rhonda Carrier	None	None
WNCC/Project Heat	2904 W. Wells St. Suite 102 Milwaukee, WI 53208	Same	414-342-5959		Approved to charge a fee	None

Milwaukee County Mental Health Complex
Winged Victory Project
Request for Information

ATTENTION: Social Security Administration FAX: (414) 297-1985

REPLY TO: Winged Victory Project Date of Request: _____
Name/Telephone Number FAX Number: (414) 257-7006

RE: _____
Name Social Security Number Date of Birth

AUTHORIZATION (If not on file)

I authorize the Social Security Administration to release information or records about me to:

Winged Victory Project • MCBHD • 9455 Watertown Plank Rd. Milwaukee, Wisconsin 53226

- ☐ Cara Brinkley (414) 257-4817
- ☐ Julie Abramowski (414) 257-4854
- ☐ Andrea Guardiola (414) 257-7545 - Mi-Wish
- ☐ Kip Johnson (414) 257-6788 - Rehab Central & Hilltop

I am the individual to whom the information/record applies. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature

Date

REQUEST FOR INFORMATION (Check all applicable blocks)

- ☐ Information regarding the status of my claim for Social Security and/or SSI
- ☐ Information regarding the current status of my SSI, if I ever lost my SSI benefits; and when. If my SSI ended, verify if it ended due to an increase in my SSDI or SSD (DAC), or other reason.
- ☐ Payment amounts and types for the period _____
- ☐ DEQY
- ☐ TPQY
- ☐ Payec
- ☐ Other: _____

SSA Response

From: _____

(Name, Telephone Number, Unit Code)

Disability Attorneys

Social Security

Attorney Kevin Haas
135 W Wells Street; Suite 250
(414) 224-8999

Attorney Bob Angermeier
312 E Wisconsin Avenue; Suite 210
(414) 289-9200

Attorney Lynn M. Zuehlis-dorf-Mack
4319 N 76th Street
(414) 464-0407

Attorney David Dreis
710 N Plankington Avenue
(414) 289-8383

Attorney Thomas E. Bush
106 W Wisconsin Avenue
(414) 765-9333

Attorney Margaux Shields
4906 W Fond du Lac Avenue
(414) 270-2978

Legal Action
230 W Wells Street; Room 800
(414) 278-7722
Tuesdays and Thursdays 2pm – 4pm

Legal Aide
521 N 8th Street
(414) 765-0600

Title 19

Pat Nelson
(414) 777-0220

Angela Canellos
(414) 257-9200

Margaret Hickey or Barbara Becker
(414) 273-1414

IDAP

(Interim Disability Assistance Program)

Contact person – Pat Martin

Phone #: (414) 449-4777

****If approved, \$205.00/month****